

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19314

State File No. _____

FILED JUN 6 1944

Registration District No. _____

Primary Registration District No. 45-13 6181

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Sullivan
 (b) City or town Rural - Green Castle
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days

3. (a) PRINT FULL NAME Stella Mae McDole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 ! 5. Color or race w 6. (a) Single, widowed, married, divorced m !
 6. (b) Name of husband or wife George McDole 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased 6 (Month) 24 (Day) 1902 (Year)

8. AGE: Years 41 Months 11 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Adair Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name R. J. Brown
 13. Birthplace Adair Co. (City, town, or county) Mo. (State or foreign country)
 14. Maiden name Anna Mae Stevens
 15. Birthplace Adair Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George McDole

- (b) Address Green Castle Mo

17. (a) Burial (b) Date thereof 5 (Month) 28 (Day) 1944 (Year)

- (c) Place: burial or cremation Green Castle Mo

18. (a) Signature of funeral director William E. Pentz

- (b) Address Green City Mo

19. (a) May 31-44 (b) Thurashaw (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Sullivan
 (c) City or town Rural - 105
 (If outside city or town limits, write "RURAL")
 (d) Street No. near Green Castle
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 !
 year 1944 hour 18 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1942 to May 25 1944
 that I last saw her alive on May 20 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver Duration 1 year

Carcinoma of the Breast 3 years

Due to 50

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury 50

Signature N. S. Garrison (M.D. or other)

Address Younger Mo Date signed May 26 44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1351

MUL 20 1948

RECEIVED

District Health Officer No. 10

District File Number 6-44-1034

Date Filed JUN 5 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Archie W. Wade

Licensed Embalmer No.

3037

P. O. Address

Graw City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.